Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE (OTHER THAN SMALL ENTITY	
TOTAL CLAIMS				1		ŀ		RATE	FEE]	RATE	FEE
FO)R		NUMBER FILED		NUMB	BER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			minus 20=		*			X\$ 9=		OR	X\$18=	
INC	DEPENDENT CL	LAIMS	mi	nus 3 =	*			X43=		OR	X86=	
MU	ILTIPLE DEPEN	NDENT CLAIM PI	RESENT					+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in col						olumn 2	I	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
(Column 1)				(Column 2)		(Column 3)	· •	SMALL		OR 1 I	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	CL AINA	=		X43=		OR	X86=	
	FIRST PRESE	ENTATION OF MU	JLTIPLE DEF	ENDENT	CLAIM			+145=		OR	+290=	
								TOTAL		OR	TOTAL	
		,	ADDIT. FEE			addit. Fee						
		(Column 1) (Column 1) (Column 1) HIGHI			(Column 3)	1 r		ADDI-			ADDI-	
ENT B		REMAINING AFTER AMENDMENT		NUME PREVIC PAID I	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X43=	1	OR	X86=	
	FIRST PHESE	NTATION OF MU	LIPLE DEP	ENDEN	CLAIM		1	+145=		OR	+290=	
								TOTAL		OR	TOTAL	
(Column 1) (Column 2) (Column 3)								DDIT. FEE		, ,	ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	CL AINA	= [-]		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						\ 	+145=		OR	+290=	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										TOTAL	
***	If the "Highest Nur	mber Previously Pa nber Previously Paid	aid For" IN THIS	S SPACE is	s less tha	n 3, enter "3."	^	DDIT. FEE L nd in the app		,	ADDIT. FEE II umn 1.	